MAXIMUS Federal Services

Case Number:	CM15-0170568		
Date Assigned:	09/11/2015	Date of Injury:	07/05/2000
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male, who sustained an industrial injury on July 5, 2000. He reported right arm, back and right knee pain. The injured worker was diagnosed as having lumbar strain, osteoarthrosis of the knee, history of right lateral epicondylitis, other synovitis or tenosynovitis of the right shoulder, tenosynovitis of the wrist and carpal tunnel syndrome. Treatment to date has included diagnostic studies, conservative care and medications. Currently, the injured worker continues to report shoulder pain, right wrist pain, right sided grip weakness, right sided low back pain radiating to the right thigh and calf with associated stiffness and decreased range of motion and right knee pain with associated swelling and decreased range of motion made worse with squatting, kneeling, walking and bearing weight. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on April 30, 2015, revealed continued wrist tenderness at the mid-carpal portal site, radial portal site and styloid process. Wrist orthotics and a referral to a pain specialist were recommended and medications were continued. Evaluation on August 10, 2015, revealed continued pain as noted. Evaluation of the right wrist revealed painful range of motion at 50 degrees with flexion, painful extension at 45 degrees, diminished right hand grip by 50% and a positive Tinnel's test. Pain management for carpal tunnel symptoms was recommended. The RFA included a request for Referral to pain specialist for bilateral hands and was non-certified on the utilization review (UR) on August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Referral to pain specialist for bilateral hands: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing hand pain despite conservative therapy. The referral for pain management would thus be medically necessary and approved.